

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	212511113					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Crossroads Medical Mission</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>PAUL DERDEN</b>  <b>300 W VALLEY DR</b>  <b>PO BOX 16852</b>   <b>BRISTOL, VA 24209-6852</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>BRISTOL CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>4/30/2012</b></p> <p>SCC ID NO: <b>05574322</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 300 West Valley Drive</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BRISTOL, VA 24209-6852</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: PAUL DERDEN MD            TITLE: PRESIDENT            ADDRESS: 2376 KINGS MILL PIKE            CITY/ST/ZIP/CO: BRISTOL, VA 24201         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: PAUL DERDEN MD TITLE: PRESIDENT ADDRESS: 2376 KINGS MILL PIKE CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PAUL DERDEN MD TITLE: PRESIDENT ADDRESS: 2376 KINGS MILL PIKE CITY/ST/ZIP/CO: BRISTOL, VA 24201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: TIM SCHWOOD MD            TITLE: VICE PRESIDENT            ADDRESS: 1626 KING COLLEGE RD            CITY/ST/ZIP/CO: BRISTOL, TN 37620         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: TIM SCHWOOD MD TITLE: VICE PRESIDENT ADDRESS: 1626 KING COLLEGE RD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TIM SCHWOOD MD TITLE: VICE PRESIDENT ADDRESS: 1626 KING COLLEGE RD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: J ANDREW DYER            TITLE: TREASURER            ADDRESS: 210 GAILWAY RD            CITY/ST/ZIP/CO: BRISTOL, TN 37620         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: J ANDREW DYER TITLE: TREASURER ADDRESS: 210 GAILWAY RD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J ANDREW DYER TITLE: TREASURER ADDRESS: 210 GAILWAY RD CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: DEAN CIROTTA            TITLE: CHAIRMAN            ADDRESS: 615 GEORGIA AVE            CITY/ST/ZIP/CO: BRISTOL, TN 37620         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: DEAN CIROTTA TITLE: CHAIRMAN ADDRESS: 615 GEORGIA AVE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: DEAN CIROTTA TITLE: CHAIRMAN ADDRESS: 615 GEORGIA AVE CITY/ST/ZIP/CO: BRISTOL, TN 37620	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Susan K Johnson            TITLE: SECRETARY            ADDRESS: P O Box 16852            CITY/ST/ZIP/CO: Bristol, VA 24209         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Susan K Johnson TITLE: SECRETARY ADDRESS: P O Box 16852 CITY/ST/ZIP/CO: Bristol, VA 24209	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Susan K Johnson TITLE: SECRETARY ADDRESS: P O Box 16852 CITY/ST/ZIP/CO: Bristol, VA 24209	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           NAME: Terry Eckley            TITLE: DIRECTOR            ADDRESS: P O Box 2345            CITY/ST/ZIP/CO: Abingdon, VA 24212         </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: Terry Eckley TITLE: DIRECTOR ADDRESS: P O Box 2345 CITY/ST/ZIP/CO: Abingdon, VA 24212	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Terry Eckley TITLE: DIRECTOR ADDRESS: P O Box 2345 CITY/ST/ZIP/CO: Abingdon, VA 24212	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donna Fowlkes DIRECTOR 14912 Old Jonesboro Rd Bristol, VA 24202	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Massengill DIRECTOR 339 Meadow Dr Bristol, VA 24201	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cathy Mullins DIRECTOR 6 Sixth Street Bristol, TN 37620	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	George Owens DIRECTOR P O Box 2345 Abingdon, VA 24212	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kathy Simpson DIRECTOR 610 Campus Abingdon, VA 24211	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeff Tickle DIRECTOR 2222 Edgemont Ave Bristol, TN 37620	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dale Willis DIRECTOR 401 Martin Luther King Blvd Bristol, TN 37620	<input type="checkbox"/> OFFICER  <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Susan K Johnson	Susan K Johnson, SECRETARY	3/28/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		